**University of Montana Public and Environmental Health Certificates**

**2021-2022 Cohort: Educational Grant Application**

**Section 1: Applicant Information**

**Name:**

**Work Phone: E-Mail:**

**Organization: Degree:**

**Address: City:**

**State: Zip:**

**Position Title:**

**Employment status (check one):**

[ ] Full time [ ] Part time [ ] Other (specify)Click here to enter text.

**What type of Montana organization or agency do you work for (check one)?**

[ ] Local/ county health department

[ ] State health department

[ ] Tribal health department

[ ] Other (specify) Click here to enter text.

**Number of years in public health or related field:**

[ ]  0 – 1 years [ ]  2 – 4 [ ]  5 – 9 [ ]  10 years or more

**Number of years in current position**[ ]  0 – 1 years [ ]  2 – 4 [ ]  5 – 9 [ ]  10 years or more

**Type of area served by your organization:**

[ ] Urban/suburban [ ] Rural [ ] Frontier [ ] Other (specify) Click here to enter text.

**Highest Level of Education:**

[ ] High School [ ] Bachelor’s degree [ ] Master’s degree [ ] Doctoral degree or higher

**Certificate Program you will apply for:**

[ ] Public Health (CPH) [ ]  Epidemiology (CE)

[ ]  Environmental Health Sciences (CEHS) [ ] Public Health Administration (CPHA)\*

**\*Note:** The Public Health Administration certificate program requires on campus attendance in Missoula.

**Section 2: Narrative**

In the space provided or a separate document, write a narrative statement of no more than 250 words that describes why you want to pursue the certificate program, what you hope to gain from the program, and skills or experiences that will enable your success in the program.

Click here to enter text.

In the space provided or a separate document, write a narrative statement of no more than 250 words that describes your need for an educational grant to participate in the certificate program.

Click here to enter text.

**Section 3: CV/ Resumé**

Please attach a copy of your CV/ Resumé.

Include your education and employment history, as well as any professional memberships and activities.

**Section 4: Requirements for Educational Grant Awardees**

* Award of an educational grant is contingent on acceptance into one of the UM certificate programs.
* Applicants who receive an educational grant must be a government employee, by a state, local, or tribal health department in Montana.

I am willing to make the following commitments if admitted to the program and offered an educational grant:

* To participate in the program for 15-months.
* To devote the time necessary to fully participate in the program’s activities, which amounts to approximately 10 hours of course work each week.
* To engage in weekly webinars during week time (to-be-determined by university).
* To actively contribute during all program sessions and activities.
* To have regular access to a computer with Internet.
* To participate in sessions conducted through the university’s distance learning platform.
* To attain a ‘B’ or higher in all courses

For **University of Montana** admission requirements, please visit: <http://health.umt.edu/publichealth/prospective-students/admission-requirements/cph.php>.

**Section 5: Program Costs**

If approved for an educational grant, the Public Health System Improvement Office (PHSIO) will cover the following costs:

1. The cost of tuition and fees, minus a $550 copay each semester.
2. Textbook costs
3. University application fee

I understand that I, or my employer, will cover the $550 copay each semester.

I understand that self-study may have to be completed on my own time.

I understand I am responsible for obtaining necessary technology to participate in the program.

I understand that if I terminate employment with my health department I will not be financially supported to complete the program.

I have read and agree to the above requirements.

*Signature of Applicant Date*

**Organization Commitment:**

As the immediate supervisor of Click here to enter text., I have read the applicant commitment and endorse his/her application to this program. I will support job accommodations to allow the applicant to participate in all activities and to attend all sessions of the 12-month program.

Signature of Lead Local Health Official

or Representative for

Local and Tribal Applicants: Date:

(If employed by the state)

Signature of Bureau Chief: Date:

**Application Checklist:**

[ ] This application form

[ ] Narrative statements

[ ] CV/ Résumé

[ ] Signatures

**Application Due date:**

The educational grant application deadline for the University of Montana certificate program is February 1, 2021 for the 2021/2022 Cohort. Applications may be submitted electronically (including electronic signatures or as scanned PDFs of the original document) to Emily Weiler at emily1.weiler@umontana.edu. Applications may also be faxed or mailed to:

Emily Weiler

University of Montana, SPCHS

32 Campus Drive, Skaggs 177

Missoula, MT 59812

Fax: 406.243.2571

Phone: 406.243.4055

For more information, please contact Emily Weiler at 406-243-4055 or emily1.weiler@umontana.edu.

Or visit our website at NEW SITE HERE!